

RECEIVED
CENTRAL FAX CENTER

SEP 13 2005

Fax

Pat Sweeney
1835 Pleasant St., West Des Moines, IA 50265
Phone: (515)222-0921 Fax: (515)267-0556

To: AFTER FINAL**ATTN:** EXAMINER ANNE KUBLIEK - GROUP 1638 **From:** Pat Sweeney**Fax:** (703)872-9306 **Pages:** 1 + cover**Phone:** **Date:** September 13, 2005**Re:** USSN 10/010,709**CC:** **Urgent** **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:** The contents of this facsimile is or may be attorney privileged and/or confidential and is intended only for the use of the recipient identified above. If the reader of this message is not the identified recipient, or the employee or agent responsible for delivering it to the identified recipient, you are hereby notified that any dissemination or use of this communication is unlawful and strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the sender. Anyone so cooperating will be reimbursed for reasonable expenses incurred.

**PLEASE FIND ATTACHED: REVOCATION OF POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE
ADDRESS**

SEP 13 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/010,709
Filing Date	11/05/2001
First Named Inventor	A. Gururaj Rao
Art Unit	1638
Examiner Name	Kubelik, Anne R.
Attorney Docket Number	0233C3I

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners at Customer Number :

26607

 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

26607

OR

 Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Kathryn K. Lappegard

Name

Kathryn K. Lappegard

Date

Sept. 8, 2005

Telephone

(515) 253-5707

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.26. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.